

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2020 DEC 10 PM 1:09
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

United Medical Freedom Super PAC, LLC

ADDRESS (number and street)

166 Dogwood Springs DR



Check if different than previously reported. (ACC)

Portland

TN

37148

5912

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00753319

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on

11 / 03 / 2020

in the State of

(d) 30-Day POST-Election Report for the:

- ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

11 / 03 / 2020

in the State of

5. Covering Period

10 / 01 / 2020

through

11 / 23 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ty M. Bollinger

Signature of Treasurer

Ty Bollinger

Date

12 / 03 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only

FEC FORM 3X
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

United Medical Freedom Super PAC, LLC

Report Covering the Period:

From:

10 / **01** / **2020**

To:

11 / **23** / **2020**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2020		\$0
(b) Cash on Hand at Beginning of Reporting Period.....	19,479.13	
(c) Total Receipts (from Line 19)	35,809.39	60,656.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55,288.52	60,656.38
7. Total Disbursements (from Line 31)	38,053.38	43,421.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17,235.14	17,235.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

United Medical Freedom Super PAC, LLC

Report Covering the Period: From:

10 / 01 / 2020

To:

11 / 23 / 2020

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

22,776.00

35,731.00

(ii) Unitemized.....

13,033.39

24,925.38

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

35,809.39

60,565.38

(b) Political Party Committees.....

(c) Other Political Committees,

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

35,809.39

60,656.38

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14; 15, 16, 17, and 18(c)).....▶

35,809.39

60,656.38

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

35,809.39

60,656.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	35,809.39	60,656.38
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35,809.39	60,656.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	38,053.38	43,421.24
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	38,053.38	43,421.24

NONO:FN:FD:OM:OONNOONT

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United Medical Freedom Super PAC, LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

D. Richfield, Jeff

Mailing Address
6445 Old Clarksville Pike

City
Joelton

State
TN

Zip Code
37080

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Music City Roofers

Occupation (for Individual)

owner

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1,000

Date of Receipt

10 / 27 / 2020

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

E. Sammons, Denise

Mailing Address
106 Rogosin Drive

City
Elizabethton

State
TN

Zip Code
37643

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sozo Life and Wellness

Occupation (for Individual)

owner

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 27 / 2020

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

F. Lucas, Tianna

Mailing Address
106 Rogosin Drive

City
Elizabethton

State
TN

Zip Code
37643

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

\$500.00

Date of Receipt

10 / 27 / 2020

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE OF
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Medical Freedom Super PAC, LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

G. **Ludick, Jacobus**

Mailing Address

541 Hawthorne Avenue

City
Shelbyville

State
KY

Zip Code
40065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self-employed

Occupation (for Individual)

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

\$1,000.00

Date of Receipt

10 / 28 / 2020

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

H. **Sisson, Robert**

Mailing Address

1406 Alum Cave Cv.

City
Sevierville

State
TN

Zip Code
37862

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

self-employed

Occupation (for Individual)
plumber

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

\$1,000.00

Date of Receipt

10 / 29 / 2020

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

I. **Antis, Aaron**

Mailing Address

7705 E. El Paso Street

City
Broken Arrow

State
OK

Zip Code
74014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Shaw Homes

Occupation (for Individual)
Director of Sales

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

\$500.00

Date of Receipt

10 / 28 / 2020

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE OF

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

United Medical Freedom Super PAC, LLC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

J. **DeCristofaro, James**

Mailing Address

235 W. 48th Street, 19P

City
New York

State
NY

Zip Code
10036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

DeCristofaro Law

Occupation (for Individual)

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

\$500.00

Date of Receipt

10 / 29 / 2020

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

K. **Roberts, Geordan**

Mailing Address

16516 S. Yale Avenue

City
Bixby

State
OK

Zip Code
74008

FEC ID number of contributing
federal political committee.

C

MMM-USA

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

\$500.00

Date of Receipt

10 / 28 / 2020

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

L. **Roberts, Nace**

Mailing Address

16516 S. Yale Avenue

City
Bixby

State
OK

Zip Code
74008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MMM-USA

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

\$500.00

Date of Receipt

10 / 28 / 2020

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$22,776.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United Medical Freedom Super PAC, LLC

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address

City

State

Zip Code

Purpose of Disbursement

misc. bank fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
 / / 2020

FEC Identification Number

C

Amount of Each Disbursement this Period

\$75.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Olszewski, Erin

Mailing Address

2209 Portofino Place #252

City

Palm Harbor

State

FL

Zip Code

34683

Purpose of Disbursement

honorarium

Candidate Name

007

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
 11 / 2 / 2020

FEC Identification Number

C

Amount of Each Disbursement this Period

\$2,000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Willis, Mikki

Mailing Address

PO Box 820

City

Ojai

State

CA

Zip Code

93024

Purpose of Disbursement

honorarium

Candidate Name

007

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
 11 / 23 / 2020

FEC Identification Number

C

Amount of Each Disbursement this Period

\$2000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United Medical Freedom Super PAC, LLC

Full Name (Last, First, Middle Initial)

D. Gregory, Lori

Date of Disbursement

11 / 19 / 2020

Mailing Address

1621 NE 2nd Street #503

City

Ocala

State

FL

Zip Code

34470

Purpose of Disbursement

honorarium

007

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

\$2,000.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

E Allstar Audio Systems, Inc.

Date of Disbursement

/ / 2020

Mailing Address

PO Box 541964

City

Merrit Island

State

FL

Zip Code

32954

Purpose of Disbursement

audio expense

001

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

\$24,742.48

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

F. Sizemore, Barry

Date of Disbursement

/ / 2020

Mailing Address

203 Sundown Drive

City

Smyrna

State

TN

Zip Code

37167

Purpose of Disbursement

Trash Removal

001

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

\$1500.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United Medical Freedom Super PAC, LLC

Full Name (Last, First, Middle Initial)

G. Wallace, Rachel

Mailing Address

1616 Alysheba Run

City

Murfreesboro

State
TN

Zip Code

37128

Purpose of Disbursement

hair/make-up

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
 2020

FEC Identification Number

C

Amount of Each Disbursement this Period

\$675.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

H. Tennessee Personal Protection

Mailing Address

2803 Mcgee Ct

City

Thompsons Stn

State
TN

Zip Code

37179

Purpose of Disbursement

security expense

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
 2020

FEC Identification Number

C

Amount of Each Disbursement this Period

\$5,060.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

I.
 Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

\$38,053.38

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

% (apr)

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>		
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px;"></div>		Interest Rate (APR) <div style="border: 1px solid black; height: 20px;"></div> %	
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>		Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
City	State	Zip Code			
<p>A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div></p>					
<p>B. If line of credit, Total Outstanding Balance: <div style="border: 1px solid black; width: 150px; height: 20px;"></div></p> <p>Amount of this Draw: <div style="border: 1px solid black; width: 150px; height: 20px;"></div></p>					
<p>C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)</p>					
<p>D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____</p> <div style="float: right; width: 300px;"> <p>What is the value of this collateral? <div style="border: 1px solid black; height: 20px;"></div></p> <p>Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> </div>					
<p>E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____</p> <div style="float: right; width: 300px;"> <p>What is the estimated value? <div style="border: 1px solid black; height: 20px;"></div></p> </div>					
<p>A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____</p> <p>Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> Address: _____</p> <p>City, State, Zip: _____</p>					
<p>F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.</p>					
G. COMMITTEE TREASURER Typed Name Signature				DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
<p>H. Attach a signed copy of the loan agreement.</p>					
<p>I. TO BE SIGNED BY THE LENDING INSTITUTION:</p> <p>I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.</p> <p>II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.</p> <p>III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.</p>					
AUTHORIZED REPRESENTATIVE Typed Name Signature				DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	
Title					

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE OF

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; height: 20px; margin: 2px 0;"></div>	Payment This Period <div style="border: 1px solid black; height: 20px; margin: 2px 0;"></div>	Outstanding Balance at Close of This Period <div style="border: 1px solid black; height: 20px; margin: 2px 0;"></div>
Amount Incurred This Period <div style="border: 1px solid black; height: 20px; margin: 2px 0;"></div>		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional).....▶	
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

United Medical Freedom Super PAC, LLC

FEC IDENTIFICATION NUMBER ▼

C

Check if ☐ 24-hour report ☐ 48-hour report

New report

Amends report filed on

MM / DD / YYYY

Full Name of Payee

☐ Memo Item

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

MM / DD / YYYY

City

State

Zip Code

Date of Disbursement or Obligation

MM / DD / YYYY

Purpose of Expenditure

Category/
Type

Name of Federal Candidate:

☐ Support
☐ Oppose

Office Sought:

☐ House District: _____
☐ President ☐ Senate State: _____

Calendar Year-To-Date
Per Election for Office Sought

MM / DD / YYYY

Disbursement For: ☐ Primary General
☐ Other (specify) ▶ _____

Full Name of Payee

☐ Memo Item

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

MM / DD / YYYY

City

State

Zip Code

Date of Disbursement or Obligation

MM / DD / YYYY

Purpose of Expenditure

Category/
Type

Name of Federal Candidate:

☐ Support
☐ Oppose

Office Sought:

☐ House District: _____
☐ President ☐ Senate State: _____

Calendar Year-To-Date
Per Election for Office Sought

MM / DD / YYYY

Disbursement For: ☐ Primary General
☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures

MM / DD / YYYY

(a) SUBTOTAL of Unitemized Independent Expenditures

MM / DD / YYYY

(a) TOTAL Independent Expenditures

MM / DD / YYYY

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date

MM / DD / YYYY

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)									
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:					Full Name of Subordinate Committee				
					Mailing Address				
					City		State		ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee					<input type="checkbox"/> Memo Item	Purpose of Expenditure		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	
Mailing Address					Date				
City		State		Zip Code	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>				
Name of Federal Candidate Supported		Office Sought:	House	Senate	Presidential	State: _____		District: _____	
Aggregate General Election Expenditure for this Candidate ▶					<div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div>				

Full Name (Last, First, Middle Initial) of Each Payee					<input type="checkbox"/> Memo Item	Purpose of Expenditure		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	
Mailing Address					Date				
City		State		Zip Code	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>				
Name of Federal Candidate Supported		Office Sought:	House	Senate	Presidential	State: _____		District: _____	
Aggregate General Election Expenditure for this Candidate ▶					<div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div>				

Full Name (Last, First, Middle Initial) of Each Payee					<input type="checkbox"/> Memo Item	Purpose of Expenditure		<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div> Category/ Type	
Mailing Address					Date				
City		State		Zip Code	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>				
Name of Federal Candidate Supported		Office Sought:	House	Senate	Presidential	State: _____		District: _____	
Aggregate General Election Expenditure for this Candidate ▶					<div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div>				

SUBTOTAL of Expenditures This Page (optional).....▶					<div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div>				
TOTAL This Period (last page this line number only).....▶					<div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div>				

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p>

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF
FOR LINE 18a OF FORM 3X	

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)

☐ Memo Item

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

☐ Memo Item

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

☐ Memo Item

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt

☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) **Voter ID**

Total Amount Transferred for Voter ID

VOTER ID

iii) **GOTV**

Total Amount Transferred for GOTV

GOTV

iv) **Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) **Voter ID**

Total Amount Transferred for Voter ID

VOTER ID

iii) **GOTV**

Total Amount Transferred for GOTV

GOTV

iv) **Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID)

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
 (To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration

☐ GOTV

☐ Voter ID

☐ Generic Campaign

Mailing Address

City

State

Zip Code

Category/
Type

Purpose of Disbursement

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration

☐ GOTV

☐ Voter ID

☐ Generic Campaign

Mailing Address

City

State

Zip Code

Category/
Type

Purpose of Disbursement

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Type of Allocated Activity or Event:

☐ Voter Registration

☐ GOTV

☐ Voter ID

☐ Generic Campaign

Mailing Address

City

State

Zip Code

Category/
Type

Purpose of Disbursement

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

LEVIN SHARE

TOTAL AMOUNT

TOTAL This Period for the Levin Share

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 1a

☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer (for Individual)

Aggregate Year-to-Date

Occupation (for Individual)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer (for Individual)

Aggregate Year-to-Date

Occupation (for Individual)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer (for Individual)

Aggregate Year-to-Date

Occupation (for Individual)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ☐ Memo Item

Date of Receipt

MM / DD / YYYY

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Name of Employer (for Individual)

Aggregate Year-to-Date

Occupation (for Individual)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 4a ☐ 4c ☐ 5
☐ 4b ☐ 4d

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Disbursement

/ /

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Disbursement

/ /

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Disbursement

/ /

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Disbursement

/ /

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

☐ Memo Item

Date of Disbursement

/ /

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

OM:

UMFSP

166 Dogwood Springs Dr.
Portland, TN 37148

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL



7019 0140 0000 1309 4779

TO:

F. E. C

1050 First St, NE

Washington DC

20463



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Federal Election Commission
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